

Department of
Licensing, Inspections and Permits

City Hall -4th Floor
340 North Washington Avenue
Scranton, Pennsylvania 18503
Tel: (570) 348-4193
Fax: (570) 348-4171



SCRANTON

Application for City Contractor's License

Please type or clearly print, all information is required. If this form is not completed in full, it may not be approved for processing.

official use only:

Reviewed on: _____ Approved: Y / N Approved by: _____ License #: _____

Date: _____ Type of License: _____

Applicant's Name: Last First Middle Initial

Applicant's Home Mailing Address

Applicant's Company / Firm Name Applicant's Position with Company / Firm

Company's Mailing Address

Phone Numbers: Work Home Cell Fax

Federal I.D. Number: _____ Social Security Number: _____

Type of Business Organization: Individual Partnership Corporation

Principal Types of Construction Performed by Company Number of years in business

Applicants individual practical training (attach references)

Applicants individual technical training (attach references)

Applicants individual previous experience in the contracting business.

Have you previously held a Contractor's License in the City of Scranton? Circle one No / Yes (see next question)

If yes: What type of License Date acquired Last date of expiration

List three (3) local contractors as References: (Name, Company, Address & Phone Number)

- 1.) _____
- 2.) _____
- 3.) _____

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The foregoing information given is true & correct to the best of my knowledge. I understand that any falsification on this application would result in my being denied a License for any Contracting in or for the City of Scranton.

Signature of Applicate

Date signed

State of _____ County of _____

Subscribe & sworn before me this _____ day of _____, 20____

by _____

Notary Public

My commision expires: _____